

# Index of Claims



Application No.

09/904,117

Examiner

Bennett Celsa

Applicant(s)

MUIR ET AL.

Art Unit

1639

|   |          |
|---|----------|
| √ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | 1     | =        | 9/23/04 |
| 2     | 2     | =        |         |
| 3     | 3     | =        |         |
| 4     | 4     | =        |         |
| 5     | 5     | =        |         |
| 6     | 6     | =        |         |
| 7     | 7     | =        |         |
| 8     | 8     | =        |         |
| 9     | 9     | =        |         |
| 10    | 10    | =        |         |
| 11    | 11    | =        |         |
| 12    | 12    |          |         |
| 13    | 13    |          |         |
| 14    | 14    |          |         |
| 15    | 15    |          |         |
| 16    | 16    |          |         |
| 17    | 17    |          |         |
| 18    | 18    |          |         |
| 19    | 19    |          |         |
| 20    | 20    |          |         |
| 21    | 21    |          |         |
| 22    | 22    |          |         |
| 23    | 23    |          |         |
| 24    | 24    |          |         |
| 25    | 25    |          |         |
| 26    | 26    |          |         |
| 27    | 27    |          |         |
| 28    | 28    |          |         |
| 29    | 29    |          |         |
| 30    | 30    |          |         |
| 31    | 31    |          |         |
| 32    | 32    |          |         |
| 33    | 33    |          |         |
| 34    | 34    |          |         |
| 35    | 35    |          |         |
| 36    | 36    |          |         |
| 37    | 37    |          |         |
| 38    | 38    |          |         |
| 39    | 39    |          |         |
| 40    | 40    |          |         |
| 41    | 41    |          |         |
| 42    | 42    |          |         |
| 43    | 43    |          |         |
| 44    | 44    |          |         |
| 45    | 45    |          |         |
| 46    | 46    |          |         |
| 47    | 47    |          |         |
| 48    | 48    |          |         |
| 49    | 49    |          |         |
| 50    | 50    |          |         |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51    | 51    |          |      |
| 52    | 52    |          |      |
| 53    | 53    |          |      |
| 54    | 54    |          |      |
| 55    | 55    |          |      |
| 56    | 56    |          |      |
| 57    | 57    |          |      |
| 58    | 58    |          |      |
| 59    | 59    |          |      |
| 60    | 60    |          |      |
| 61    | 61    |          |      |
| 62    | 62    |          |      |
| 63    | 63    |          |      |
| 64    | 64    |          |      |
| 65    | 65    |          |      |
| 66    | 66    |          |      |
| 67    | 67    |          |      |
| 68    | 68    |          |      |
| 69    | 69    |          |      |
| 70    | 70    |          |      |
| 71    | 71    |          |      |
| 72    | 72    |          |      |
| 73    | 73    |          |      |
| 74    | 74    |          |      |
| 75    | 75    |          |      |
| 76    | 76    |          |      |
| 77    | 77    |          |      |
| 78    | 78    |          |      |
| 79    | 79    |          |      |
| 80    | 80    |          |      |
| 81    | 81    |          |      |
| 82    | 82    |          |      |
| 83    | 83    |          |      |
| 84    | 84    |          |      |
| 85    | 85    |          |      |
| 86    | 86    |          |      |
| 87    | 87    |          |      |
| 88    | 88    |          |      |
| 89    | 89    |          |      |
| 90    | 90    |          |      |
| 91    | 91    |          |      |
| 92    | 92    |          |      |
| 93    | 93    |          |      |
| 94    | 94    |          |      |
| 95    | 95    |          |      |
| 96    | 96    |          |      |
| 97    | 97    |          |      |
| 98    | 98    |          |      |
| 99    | 99    |          |      |
| 100   | 100   |          |      |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101   | 101   |          |      |
| 102   | 102   |          |      |
| 103   | 103   |          |      |
| 104   | 104   |          |      |
| 105   | 105   |          |      |
| 106   | 106   |          |      |
| 107   | 107   |          |      |
| 108   | 108   |          |      |
| 109   | 109   |          |      |
| 110   | 110   |          |      |
| 111   | 111   |          |      |
| 112   | 112   |          |      |
| 113   | 113   |          |      |
| 114   | 114   |          |      |
| 115   | 115   |          |      |
| 116   | 116   |          |      |
| 117   | 117   |          |      |
| 118   | 118   |          |      |
| 119   | 119   |          |      |
| 120   | 120   |          |      |
| 121   | 121   |          |      |
| 122   | 122   |          |      |
| 123   | 123   |          |      |
| 124   | 124   |          |      |
| 125   | 125   |          |      |
| 126   | 126   |          |      |
| 127   | 127   |          |      |
| 128   | 128   |          |      |
| 129   | 129   |          |      |
| 130   | 130   |          |      |
| 131   | 131   |          |      |
| 132   | 132   |          |      |
| 133   | 133   |          |      |
| 134   | 134   |          |      |
| 135   | 135   |          |      |
| 136   | 136   |          |      |
| 137   | 137   |          |      |
| 138   | 138   |          |      |
| 139   | 139   |          |      |
| 140   | 140   |          |      |
| 141   | 141   |          |      |
| 142   | 142   |          |      |
| 143   | 143   |          |      |
| 144   | 144   |          |      |
| 145   | 145   |          |      |
| 146   | 146   |          |      |
| 147   | 147   |          |      |
| 148   | 148   |          |      |
| 149   | 149   |          |      |
| 150   | 150   |          |      |